DOCUMENT RESUME

ED 277 905 CG 019 585

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TITLE Social Workers Perceptions of Elderly Clients.
PUB DATE 23 Nov 86
NOTE 8p.; Paper presented at the Annual Scientific Meeting of the Gerontological Society (39th, Chicago, IL, November 19-23, 1986).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Age Differences; *Client Characteristics (Human Services); *Counselor Client Relationship; *Educational Gerontology; *Helping Relationship; Interpersonal Relationship; *Older Adults; *Social Workers; Work Attitudes
IDENTIFIERS *Countertransference; *Reminiscence

ABSTRACT

If it can be shown that social workers work differently with the elderly than with younger clients, then students who wish to work with the elderly should be taught some special principles regarding treatment of the elderly. To explore this issue, seven clinicians who had extensive experience in treating the elderly were interviewed regarding how their practices differ when they are working with the elderly. From information obtained in these interviews, a 20-item questionnaire characterizing differences in working with elderly clients was developed. Questionnaires were completed by 541 subscribers to the Journal of Gerontological Social Work. The results revealed that respondents perceived themselves to be more active when working with the elderly and to touch the elderly more than they touched other clients. Most considered reminiscence to be a good way for elderly clients to recapture and reaffirm the self, and most reported that countertransference issues were evoked more by elderly clients than by younger clients. These results suggest that social workers do apply special principles when working with elderly clients. (NB)

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CG 019585

8/25/86

Social Workers Perceptions of Elderly Clients

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Presented at Symposium
Psychotherapists Perceptions of
Aging Clients
Annual GSA Meetings
Chicago, Illinois
November 23, 1986

My paper differs, apparently, from other papers in this symposium by focusing upon perceptions of those who work with the elderly. That is, we asked subscribers to the Journal of Gerontological Social Work how they work differently with the elderly. My concern, therefore, was not with therapists' negative stereotypes of the elderly or feelings of impotence regarding psychotherapy with the elderly or fears generated in treating the elderly. Yet our findings of the perceptions of those who work with the elderly can clarify the reasons for the resistence.

My purpose in undertaking this particular study was to provide evidence to convince faculty members, specifically in schools of social work, to provide time in the curriculum for teaching the special issues related to treating the elderly. Unless there is a need to modify treatment, faculty members will not allow special courses for select target groups to be developed. Thus I wished to show that social workers do work differently with the elderly and, in turn, that our students who wish to work with the elderly should be taught some special principles regarding treatment of the elderly.

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A review of the scanty literature, as well as personal experience, led to the identification of five dimensions of potential differences between working with elderly and younger clients; that is, the greater activity of the worker, the greater use of touching, the greater use of reminiscence, perceptions of the worker by the client of greater authority [transference issues] and concerns evoked in the worker about dependency, helplessness and death, as well as care for parents [countertransference].

To replicate my own fantasies regarding differences, seven clinicians were selected who had extensive experience in treating the elderly and were interviewed in depth regarding their impressions of how practice differs with the elderly. These open-ended interviews generally confirmed the usefulness and comprehensiveness of the five dimensions. From the clinicians comments, a provisional set of 40 statements was developed that characterized differences in their working with the elderly. Then the clinicians were again interviewed and queried on each statement to determine his or her agreement. Following the second interview, the 20 statements with the most consensus were included in a questionnaire and were reworded so that on 5 point likert-type scale from strongly agree to strongly disagree, 10 supported agreement with clinical impressions and for the other 10, dissagreement supported clinical impressions. The 20 items were then reordered into a randomized sequence and made up the first page of a self administered questionnaire. Placed on a second page were questions on gender, age, highest degree, special training, years of practice, years of practice with the elderly, treatment orientations, worksettings, primary roles, and percent of time spent working with the elderly.

In all, 541 completed questionnaires that were usable in the analyses [an estimated response rate of 55%]. Of the 541, more than 4 of 5 were women and about one-half were less than 40 years of age. Most had MSW's or other masters degrees and about 9 out of 10 had some training in gerontology. Two

of three have had 6 or more years of practice with the elderly. Treatment orientations were quite varied and more than one-half checked more than one of the orientations provided which were humanistic, behavioral, psychodynamic, cognitive, and "other." One of five checked "other" and wrote in such diverse orientations as eclectic, wholistic, psychosocial, task-centered, family systems, and simply social work. About one half worked in long term care facilities. About two of five checked as primary roles therapist, administrator, and consultant. About 70% devoted 50% or more of their time to elderly clients.

Our initial findings (to be reported in a paper with Joe Gustafson that has been accepted by the Journal of Gerontological Social Work) were as follows.

Regarding activity, the social workers did indeed perceive themselves to be more active when working with the elderly. Three of four either agreed or strongly agreed that they talk more during sessions and even greater percentages agreed or strongly agreed that they give more concrete assistance, have less difficulty reaching out to families and that for the very old the worker must be a planner and coordinator of services [for which 92% agreed or strongly agreed).

Regarding touching, 86% said they touched the elderly more and 94% recognized that touching is a form of easily recognizable caring. Also, two-thirds were of the opinion that support is conveyed better by touching than by word.

Regarding reminiscence, 89% agreed or strongly agreed that reminiscence is a good way of recapturing and reaffirming the self and a similar percentage that reminiscence aids by reflecting on what worked in the past for how the client can cope now. Additionally, 68% were in agreement that the therapeutic value of reminiscence is in becoming vivid to self.

Regarding transference, it was not found that there was great agreement

with the statement that older people see the worker more as an authority figure because only 40% agreed with the statement. Yet 61% of the respondents agreed or strongly agreed that older persons' fantasies of their omnipotence are a function of how professional were revered in the past.

Regarding countertransference, 72% were in agreement that issues about dependency in later life are evoked; 68% that concerns about parents are an issue; again 68% that concerns about becoming helpless in later life are evoked; 64% agreed or strongly agreed with the statement "I am aware of fears of my own death"; and only 14% with the statement "I often feel like a child." These percentages of agreement are not as high as was expected. Possibly those who work with the elderly are a select group who have worked through these issues or, possibly, are better at denying them.

Agreement with the many items transcended the several characteristics of the respondents that were assessed. When, however, the intercorrelations among the 20 items were factor analyzed and factor scores generated, the factor scores showed some modest associations with the characteristics. Activity was associated with younger age (beta = .18); touching with being female (beta = .25) and working in a long-term care setting (beta = .15); the importance of reminiscence with more years of practice (beta = .22), being female (beta = .20) and more education (beta = .14); and the evocation of more countertransference issues with a psychodynamic orientation (beta = .23). Still, there was no group of respondents who did not either agree or strongly agree that they were more active with older clients, touched more, that reminiscence was more important and that the countertransference issues were evoked more by elderly clients. Even psychodynamically-oriented workers, for example, reported that they touched their elderly clients more than younger clients.

What do these findings tell us about the resistance to working with older patients? If those who work with older people provide more concrete

assistance because old people are very needy, psychotherapists may not wish to treat the elderly because they perceive them as in great need of concrete assistance. To illustrate, Poggi and Berland (1985), two psychoanalysts, reported in The Gerontologist last year that they began their work with groups of well elderly in a congregate setting feeling they had to provide concrete help for these persons who had suffered so many narcisstic losses. They, also, felt infantalized when called "the boys" by the elderly women. After analyzing their feelings they were fortunately able to understand that they were not required to provide concrete assistance, a job for which they were not trained. The women changed from being perceived as agents of infantilization to people with complex idiosyneratic sexual identities who were amenable to psychotherapy.

Our respondents touched old people more, apparently, because old people are perceived as not only more needy but also, as feeling unattractive and unloved. Additionally, the therapist may be intimidated by his or her own narcissistic needs when perceiving the narcissist depletion among the old and, as well, the impossiblity of filling the narcisstic voids.

The reminiscence of the elderly, which gerontological social workers perceived as useful in reaffirming the self, becomes for those unfamiliar with the elderly, only a enforcement of those additional feelings that life is too short and that possibilities when you are old are very limited.

Lastly, the typical countertransference issues were evident, although as noted earlier not to the degree expected among our respondents who work with the elderly. Particularly interesting was that only 65% of the respondents agreed "I am aware of fears of my own death." Such fears are more likely to be found among younger people (whereas old people are more concerned, generally, with disability and how they will die) and thus are most likely ubiquitous to our respondents. Also, apparently, the probability of having fears of becoming dependent and helpless when working with the elderly "turn

off" psychotherapists. Adding to the "turning off" are issues associated with care for the therapists' own parents that are, of course, inseparable from life-long psychodynamics in relation to parents. Given the responses of those who work with the elderly, a fear of the evocation of countertransference issues is a likely reason why therapist do not choose to work with the elderly.

In turn, given the kinds of reasons for why our respondents work differently with the elderly, it may very well be that the important question we must address is: Why should anyone wish to work with the elderly? Although I shall leave this question, at the moment, to others to address today and at future sessions, it certainly appears that our respondents did enjoy working with the elderly and found their work to be meaningful. Possibly, the responses to the questions on reminiscence captures one aspect of the reason for working with the elderly. Not only do we obtain pleasure from the voyeuristic listening to the reconstructions of the past but, also, to the transformation of the client when reminiscing in becoming increasingly vivid to self, which may provide a kind of pleasure from treatment that is unique to working with the elderly. Indeed, Mort Lieberman and I (in our recent book "The Experience of Old Age") have discussed the unique psychology of the very old in which the blending of the past and the present for self definition, as well as making the past vivid to reaffirm the self, are apparantly normative occurrences. In turn, assertiveness and over-inflating beliefs in mastering [akin to Dave Gutmann's magical mastery among the old-old] afford to workers a sense of intellectual discovery and, also, provide ways of working with the elderly that can provide special rewards.

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